## PESI AVUIIUDIE CODY

|   |   |   |                                       |                                  |                                |                                    |             | Application or Docket Number |          |                        |               |                     |                        |  |
|---|---|---|---------------------------------------|----------------------------------|--------------------------------|------------------------------------|-------------|------------------------------|----------|------------------------|---------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 |   |   |                                       |                                  |                                |                                    |             |                              |          | 10/04/937              |               |                     |                        |  |
|   |   | CLAIMS AS                                 |                                       | FILED - PART I (Column 1) (Colum |                                |                                    | <del></del> |                              | ENTITY O |                        | OR            | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS  |   |   | 33                                    |                                  |                                |                                    |             | RATI                         | Ξ        | FEE                    |               | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED                          |                                  | NUMBER EXTRA                   |                                    |             | BASIC FE                     |          | 370.00                 | OR            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 3 3minus 20=                          |                                  | *                              |                                    |             | . X\$ 9=                     |          | ·                      | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =                           |                                  | *                              |                                    |             | X42=                         |          |                        | OR            | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM P  |   |   | RESENT                                |                                  |                                |                                    |             | +140=                        |          |                        | OR            | +280=               |                        |  |
| * If  | the difference i  | n column 1 is l                           | less than zero, enter "0" in column 2 |                                  |                                |                                    | İ           | TOTAL                        |          |                        | OR            | TOTAL               |                        |  |
| G-8.03 (Column 1) (Column 2) (Column 3)                               |   |   |                                       |                                  |                                |                                    |             | SMA                          | LL E     | ENTITY                 | OR            | OTHER<br>SMALL      | •                      |  |
| AMENDMENTA  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI             |                                | PRESENT<br>EXTRA                   |             | RATI                         | Ε        | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | .26                                       | Minus                                 | ** 2                             | 33                             | =                                  |             | X\$ 9                        | =        | •                      | OR            | X\$18≠              |                        |  |
|   | Independent   | * 5                                       | Minus                                 | ***                              | 3                              | - 2                                |             | . X42:                       | =        |                        | OR            | X84=                | 1680                   |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                  |                                |                                    | ı           | +140                         | =,       |                        | OR            | +289                |                        |  |
|   |   |   |                                       |                                  |                                |                                    |             | TO<br>ADDIT, F               |          |                        | OR            | TOTAL<br>ADDIT. FEE | 168.0                  |  |
| 2 - 19.03 (Column 1) (Column 2) (Column 3)                            |   |   |                                       |                                  |                                |                                    |             |                              |          |                        |               |                     |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI<br>PAID             | HEST<br>MBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA                   |             | RATI                         | Ε        | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | · 26                                      | Minus                                 | ** 3                             | 3                              | = /                                |             | X\$ 9                        | =        |                        | OR            | X\$18=              |                        |  |
| AME   | Independent   | * 3<br>NTATION OF MI                      | Minus                                 | CNIDEN                           | S AIM                          | ]=/-                               | 4           | X42                          |          |                        | OR            | X84=                |                        |  |
| L   | FIRST PRESE   | VIATION OF MI                             | JLIIPLE.DEF                           | ENDEN                            | I CLAIM                        |                                    | J           | +140                         | u .      |                        | OR            | +280=               |                        |  |
|   |   |   |                                       |                                  |                                |                                    | ,           | TOTAL<br>ADDIT. FEE          |          |                        | OR ADDIT, FEE |                     |                        |  |
| (   | 22.04   |   | ·                                     |                                  | mn 2)                          | (Column 3)                         | <u> </u>    |                              |          |                        | _             |                     |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREV                      | HEST<br>MBER<br>IOUSLY<br>DFOR | PRESENT<br>EXTRA                   |             | RAT                          | E        | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | .25                                       | Minus                                 | ** 3                             | 33_                            | =                                  |             | <b>X\$</b> 9                 | =        |                        | OR            | X\$18=              |                        |  |
|   | Independent   | • 3                                       | Minus                                 | *** <                            | 5                              | =                                  | 4           | X42                          | <b>-</b> |                        | OR            | X84≂                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                  |                                |                                    |             | +140                         | )=       |                        | OR            | +280=               |                        |  |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDI  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                       |                                  |                                |                                    |             |                              |          |                        | OR            | TOTAL<br>ADDIT. FEE |                        |  |
| d dr  | If the "Highest Nu<br>The "Highest Num  | mber Previously P<br>ber Previously Pa    | aid For" IN THI<br>id For" (Total or  | S SPACE<br>Indepen               | is less the<br>dent) is the    | an 3, enter "3."<br>e highest numb |             |                              |          | propriate bo           | x in co       | olumn 1.            |                        |  |